

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST					
NAME (Last)	(First)	(Middle)	TELEPHONE		
Hirano	Amy	C.	808-536-5688		
MAILING ADDRESS (Street)			FAX		
84 N. King Street			808-536-5720		
(City)	(State)	(Zip Code)			
Honolulu,	HI	96817			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE		
Pacific Management Consultants, Inc.			808-536-5688		
MAILING ADDRESS (Street)			FAX		
84 N. King Street			808-536-5720		
(City)	(State)		(Zip Code)		
Honolulu,	HI		96817		

PART II ORGANIZATIO	N		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Hawaii Maritime Center	808-8523-6151		
MAILING ADDRESS (Street)	FAX		
Pier 7, 191 Ala Moana B	808-536-1519		
(City)	(State)	(Zip Code)	
Honolulu,	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Jennifer M.L. Chock Wo	808-847-8269		
MAILING ADDRESS (Street)	FAX		
1525 Bernice Street	608-841-8968		
(City)	(State)	(Zip Code)	
Honolulu,	HI	96817-2704	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	✓ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	☐ Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	Housing	☐ Public Safety & Corrections			
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PART IV CERTIFICATION OF LOBBYIST					
I hereby certify that th	ge information furnished abov 'i	e is, to the best of my knowled	ge, correct and complete.		
levery Herau			1/14/07		
(Signature of Lobbyist)			(Date)		
DADTY AUTHORIES					
PART V AUTHORIZAT	ION TO LOBBY				
	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Jennifer ML Chock Woo		Vice President of Governm	nental Affairs		
NAME OF ORGANIZATION (if a	applicable)		TELEPHONE		
Bishop Museum			808-847-8269		
MAILING ADDRESS (Street)			FAX		
1525 Bernice Street			808-841-8968		
(City)	(State)	(Zip Code)		
Honolulu,	Hawaii	Ş	96817-2704		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
_ Sins Cea levelen			/11 /07		
(Signature of Authorizing Officer or Person Represented)			(Date)		